

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 1125 Primary Registration District No. 7611

**DELAY**

1. PLACE OF DEATH:  
(a) County Ohio  
(b) City or town Rural Rt # 1  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
St. Joseph Lville & O'buro Daviss Co  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community 5 wks.  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ky (b) County Ohio  
(c) City or town Rural  
(If outside city or town limits, write RURAL)  
(d) Street No. Center town, Ky.  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A. U. S. A. years

3(a) FULL NAME Cleo Patry Ashby

3(b) If veteran, Name war none 3(c) Social Security No. none

4. Sex Female 5. Color or race white 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife W.C. Ashby

6(c) Age of husband or wife if alive 51 Years

7. Birth date of deceased July 15 1896  
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Ohio Co. Ky.

10. Usual occupation Housewife.

11. Industry or business ---

FATHER { 12. Name E. R. Ashby

13. Birthplace Ohio Co. Ky.

MOTHER { 14. Maiden name Dena Lockery

15. Birthplace Mahlenburg, Co.

16(a) Informant's own signature U.C. Ashby

(b) Address Center town Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Walt's Green Date 12-16, 1946

18(a) Signature of funeral director G. L. Cascher

(b) Address Beaver Dam, Ky.

19(a) 1-7-47 (Date received by local registrar)  
(b) Bessie L. Finley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1946

21. I hereby certify that I attended the deceased from July 4 1946  
to Dec. 15 1946 that I last saw him alive on Dec. 14th 1946 and that death occurred on the date stated above at 4:45 A.M.

Immediate cause of death Coronary Sigmoid

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations UGB

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Dr. Oscar Allen M.D. (M. D. or other)  
Address Beaver Dam Ky. Date signed 12/16/46

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.